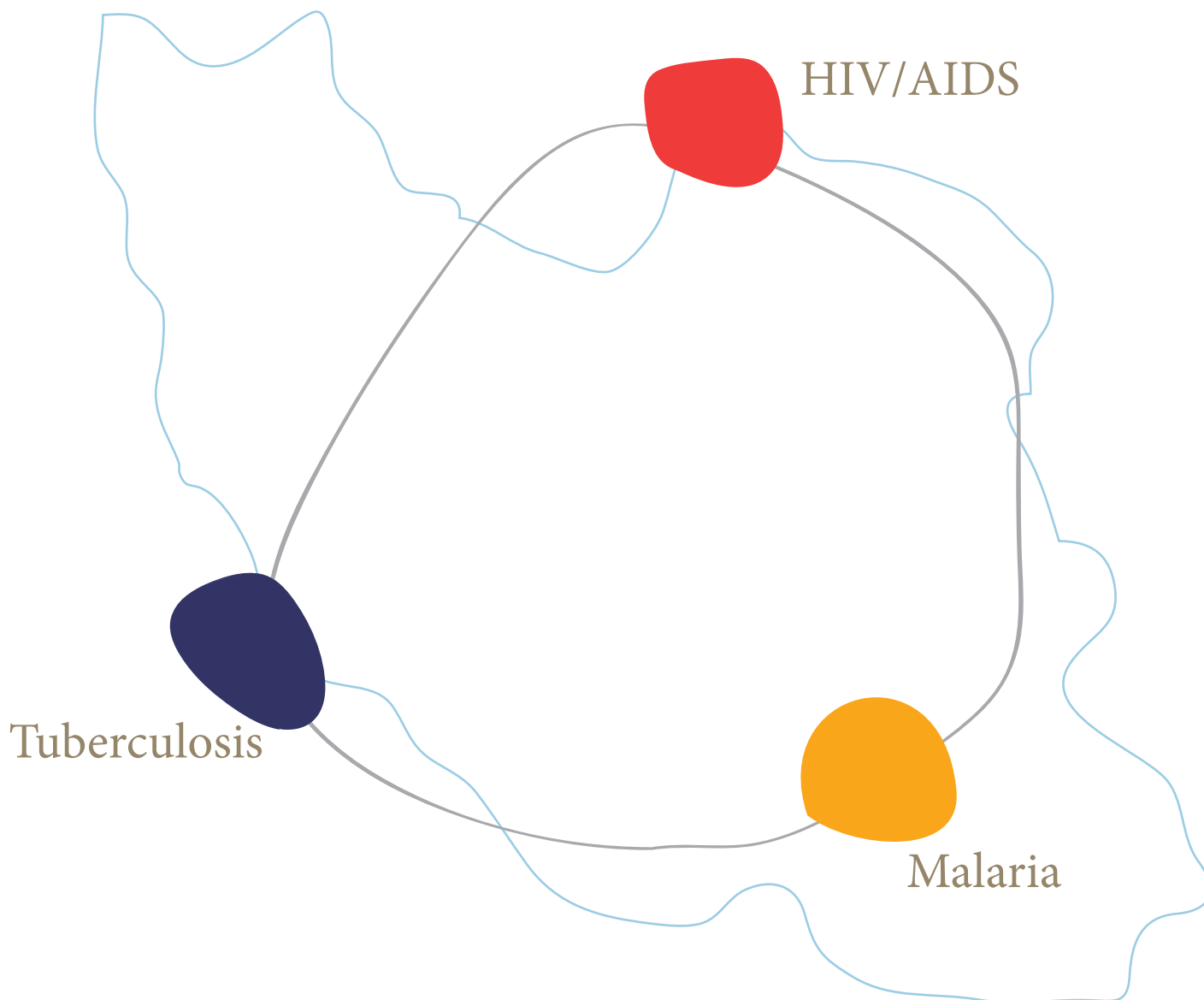


Together for Health:  
The Islamic Republic of Iran  
With the  
Global Fund & UNDP



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# Foreword

The Islamic Republic of Iran's public health system has been recognized internationally as a model of efficiency and of effective care provision. Disease control measures are no exception to Iran's remarkable achievements in this area of development.

In 2002, a leader in the field of public health service provision eager to improve its performance, the Government of the Islamic Republic of Iran, at the initiative of its Ministry of Health & Medical Education, approached the Global Fund to Fight AIDS, Tuberculosis and Malaria for support in its fight against these deadly diseases. In 2005, the first Global Fund grant (Round 2) was approved to assist Iran in its response to HIV/AIDS, with the UN Development Programme (UNDP) as its Principal Recipient. Today, Iran's national tuberculosis and malaria control plans are also supported by individual Global Fund grants under funding Round 7 and Round 10 (malaria only), and the HIV/AIDS national strategic plan has received additional funding under Round 8.

The Government of Iran has achieved remarkable results working against these epidemics, thanks to its robust national strategies, progressive approach to disease control and openness to dialogue within trusting relationships established with international partners. It has now been seven years since Iran first received Global Fund support. We are proud to report that Iran has met – and frequently exceeded – its targets in key issue areas such as disease detection and treatment, reaching high-risk groups with information about how to protect themselves from illness, working with the education system and mass media to raise awareness about disease and general health system strengthening. Grants in support of Iran's HIV/AIDS and malaria response strategies have progressed rapidly to grade A1 on the Global Fund's rating system, surpassing performance expectations. The Global Fund has worked in partnership with UNDP since 2003 to support the implementation of grants. As of April 2011, UNDP serves as Principal Recipient in 29 countries with 64 active grants totaling approximately US\$1.15 billion.

Iran has been an excellent example of efficient and effective collaboration between its Government, the Global Fund and UNDP. In September 2011, the UN Country Team in Iran and the Government signed a new UN Development Assistance Framework (UNDAF) which enshrines Global Fund supported programmes, demonstrating a strong and lasting commitment.

In recognition of these achievements and as a celebration of a fruitful collaboration, this report showcases the accomplishments of the three Global Fund-supported projects in Iran. It highlights Iran's successes in controlling its HIV, TB and malaria epidemics and offers a glimpse into the lives of vulnerable Iranians which these projects have helped transform.



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Together for Health:  
The Islamic  
Republic of Iran

working with the

Global Fund & UNDP  
against

**HIV/AIDS,**  
**Tuberculosis &**  
**Malaria**

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## List of Acronyms

|           |   |
|-----------|---|
| ART       | Antiretroviral Therapy                              |
| ARV       | Antiretroviral                                      |
| AIDS      | Acquired Immunodeficiency Syndrome                  |
| BBS       | Bio-Behavioral Surveillance Survey                  |
| CDC       | Center for Disease Control                          |
| CCM       | Country Coordinating Mechanism                      |
| DIC       | Drop-In Center                                      |
| DOTS      | Directly Observed Treatment, Short Course           |
| GFATM     | Global Fund to Fight AIDS, Tuberculosis and Malaria |
| HIV       | Human Immunodeficiency Virus                        |
| I.R. Iran | Islamic Republic of Iran                            |
| IRS       | Indoor Residual Spraying                            |
| LLIN      | Long-Lasting Insecticidal Nets                      |
| MDG       | Millennium Development Goals                        |
| M&E       | Monitoring and Evaluation                           |
| MOHME     | Ministry of Health & Medical Education              |
| NGO       | Non-Governmental Organization                       |
| PR        | Principal Recipient                                 |
| SR        | Sub-Recipient                                       |
| RDT       | Rapid Diagnostic Test                               |
| TB        | Tuberculosis  |
| UMS       | University of Medical Sciences                      |
| UN        | United Nations                                      |
| UNAIDS    | Joint United Nations Programme on HIV & AIDS        |
| UNDAF     | United Nations Development Assistance Framework     |
| UNDP      | United Nations Development Programme                |
| UNFPA     | United Nations Population Fund                      |
| UNICEF    | United Nations Children's Fund                      |
| VCT       | Voluntary Counseling and Testing                    |
| WHO       | World Health Organization                           |

# Introduction



## About the Global Fund

The Global Fund to Fight AIDS, Tuberculosis and Malaria is an innovative public-private partnership that has played a crucial role in the world's efforts to respond successfully to these three diseases. Since its inception in 2002, the Global Fund has become the main financier of programs to control these illnesses. With approved funding of US\$ 21.7 billion for more than 600 programs to co-finance large-scale prevention, treatment and care projects in 150 countries, the Global Fund channels two thirds of the international financing provided to fight TB and malaria, and a fifth of the international financing against AIDS.

The Global Fund relies on voluntary financial contributions, both public and private. Though significant, the contributions received so far represent only part of the US\$ 15 billion experts estimate is needed each year to prevent and treat AIDS, TB and malaria effectively on a global scale. To date, Global Fund-supported programs have saved 6.5 million lives by providing AIDS treatment for 3 million people, anti-tuberculosis treatment for 7.7 million people and 160 million insecticide treated nets for the prevention of malaria.

## HIV/AIDS, Tuberculosis and Malaria

HIV/AIDS, TB and malaria are all diseases that primarily affect those living in poverty. The opportunity costs of illness and seeking care contribute to keeping them poor. Today, globally over 34 million people are living with HIV, 9.4 million people suffer from TB and 247 million people are infected with malaria. "All of these illnesses are fatal if they are not treated in time, yet they disproportionately affect the world's least developed countries, where governments often lack the capacity and funds to respond before it is too late," explains Tracey Burton, Senior Programme Advisor at UNDP's Global Fund Partnership Implementation Support and Capacity Development Bureau in New York.

## Partnerships: the Key to Success

The Global Fund works with a broad array of partners among which government bodies, local media, NGOs, UN organizations such as UNDP, the private sector and associations of people living with disease. Together, partners address gaps in national efforts against these three illnesses, respond to locally determined needs, and strengthen the national health systems that make disease control programs possible. Global Fund partners are united by a common vision for a world free of the burden of AIDS, tuberculosis and malaria.

## **Working with the United Nations Development Programme**

The United Nations Development Programme promotes the Global Partnership for Development - Millennium Development Goal 8. To achieve the seven remaining MDGs agreed by the international community in 2000, UNDP works with governments, international organizations, the private sector and civil society to deliver development assistance, provide upstream advice and ensure aid coordination. In support of these efforts and in close partnership with the Global Fund, UNDP helps prevent the spread and reduce the impact of HIV/AIDS, TB, and malaria.

The partnership between UNDP and the Global Fund began in 2003. With its extensive network of offices around the globe, UNDP helps implement grant-funded programmes successfully. To do this, UNDP provides technical support and expertise to the recipients of the Global Fund grants, namely its Principal Recipients (PR) and its Sub-Recipients (SR) who are responsible for the day to day running of HIV/AIDS, TB or malaria control programmes. In some countries such as Iran, UNDP works as the grants' PR, meaning that it has primary responsibility for implementation.

## **National Ownership**

National ownership and seamless articulation with national governmental programmes are central to the Global Fund's objectives of developing local government capacity to run disease control programmes - not to substitute it.

“Programs financed by the Global Fund are developed by recipient countries themselves, and are integrated with national health plans and priorities,” explains Elzira Sagynbaeva, Deputy Resident Representative at UNDP Iran.

### *Country Coordinating Mechanism (CCM)*

National oversight of Global Fund programmes are ensured through a Country Coordinating Mechanism (CCM), a multi-stakeholder national body, bringing together various government offices, international organizations, academic institutions, NGOs, businesses and associations of people living with disease.

Country coordinating mechanisms work with the grant's PRs and SRs to develop and submit grant proposals to the Global Fund based on priorities identified at the national level. Once grants are approved, they become responsible for monitoring progress during project implementation.

## CCM Core Functions

- Coordinate the development and submission of national proposals,
- Nominate the Principal Recipient,
- Oversee implementation of the approved grant and submit requests for continued funding,
- Approve any reprogramming and submit requests for continued funding,
- Ensure linkages and consistency between Global Fund grants and other national health and development programs.



CD4 Counter procured with support from the Global Fund & UNDP  
©UNDP 2007

## Iran's National Disease Control Efforts and Partnership with the Global Fund

### *National Context*

The Islamic Republic of Iran has a long-standing commitment to responding to HIV/AIDS, TB and malaria. The effort against these three diseases is enshrined as a high priority in the country's national strategic plans.

### *Government Capacity*

Iran has strong governmental and technical capacity to both develop and implement national disease control plans. Previous to its partnership with the Global Fund, national mechanisms such as the AIDS Supreme Council, the National Malaria Elimination Committee and the National Steering Committee on TB Control had been created to control epidemics.

In its constant effort to improve its response to these high priority diseases, the Government of Iran, with the initiative of the Ministry of Health and Medical Education, sought support from the Global Fund to strengthen its programmes, improve its capacity to coordinate different partners and communities working on each disease, benefit from international expertise and import specialized foreign goods at a time where international exchanges became more challenging.

### *HIV, TB and Malaria in Iran*

5% of Iran's population lives in areas affected by malaria<sup>1</sup>, while 12-16% of Iranians are estimated to live in high risk areas for tuberculosis<sup>2</sup>. HIV/AIDS is spread throughout the country, with approximately 23,000 identified cases<sup>3</sup>. Access to at-risk populations remains difficult as a result of their remote location as is the case for TB and malaria, or because of stigma and marginalization in the case of HIV/AIDS.

### *Global Fund grants in Iran*

The Islamic Republic of Iran first began receiving Global Fund support in 2005 under funding Round 2, to support the achievement of its objectives in controlling HIV/AIDS. The success of this initial project led the Government of Iran to request and obtain further Global Fund support to encompass the prevention and treatment of tuberculosis and malaria in 2008, under funding Round 7. A second Global Fund grant was approved for HIV/AIDS control programmes under Round 8 in 2009. UNDP was chosen as the Principal Recipient for the initial GFATM grant, as well as for subsequent grants.

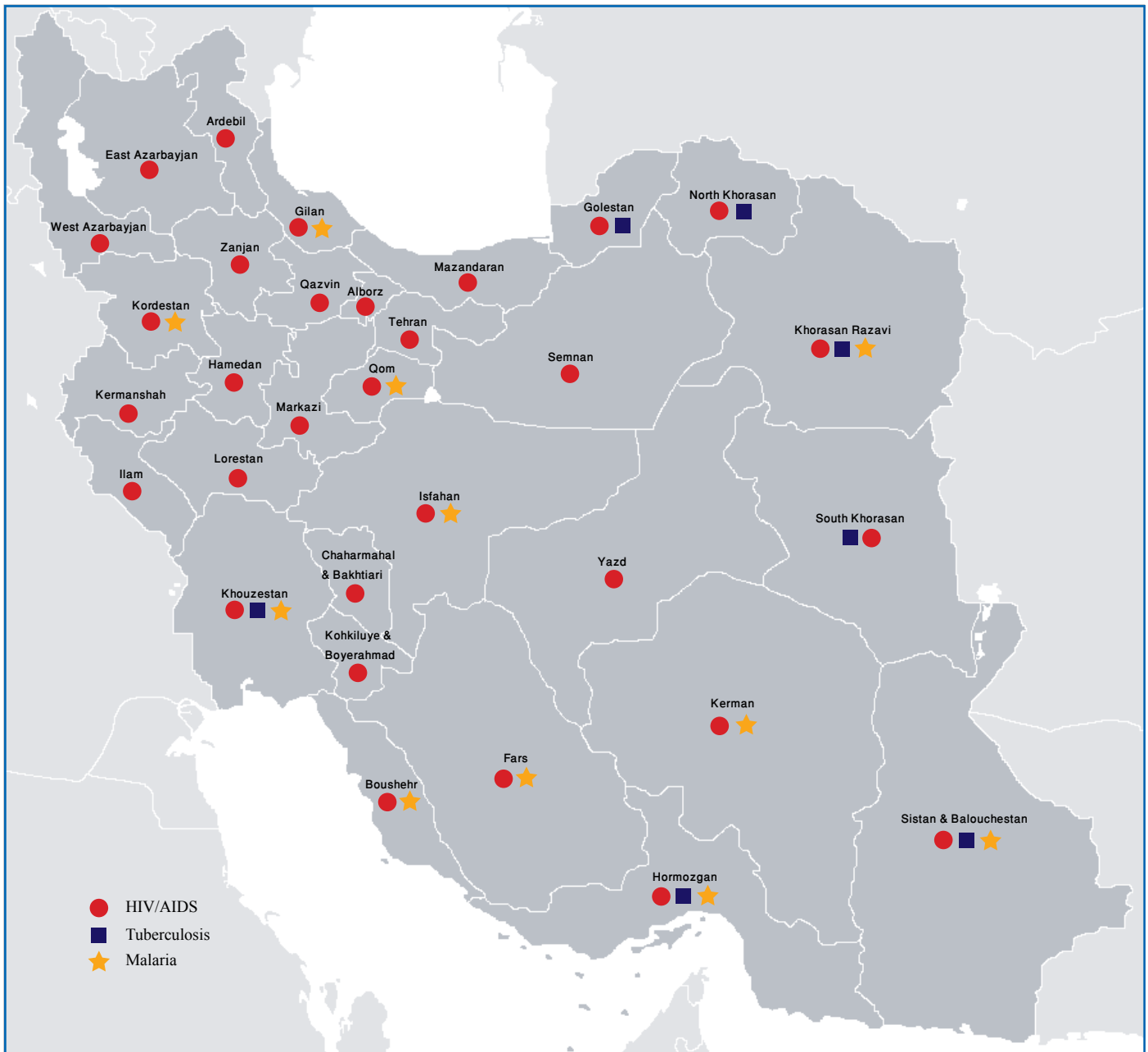
The Global Fund HIV/AIDS project is implemented nationally across all of Iran's 31 provinces. TB projects are focused on seven provinces where infection rates are highest. Iran's south eastern provinces of Hormozgan, Sistan & Baluchestan and Kerman concentrate nearly all of the country's malaria cases and are host to the Global Fund-supported Round 7 project for malaria control. Under funding Round 10, malaria control projects will be extended to eight additional provinces: Fars, Isfahan, Gilan, Khuzestan, Boushehr, Qom, Kurdistan and Khorasan Razavi.

1- National Malaria Surveillance System 2010

2- Housing and Population Census of Iran, 2006

3-Precisely 23,125 Source: Latest statistics on HIV/AIDS in the Islamic Republic of Iran Center for Disease Control, Ministry of Health and Medical Education, Spring 2011.

# Map of GFATM Projects in Iran



### *Support from UNDP*

In its capacity as Principal Recipient, UNDP supports the execution of projects and helps national counterparts place the three diseases at the core of national development strategies. UNDP also strives to improve coordination and effectiveness of disease control programmes by supporting local capacity to mobilize all levels of government and civil society in response to these epidemics. Lastly, UNDP contributes to national efforts to ensure that the rights of people living with HIV/AIDS, TB and malaria are protected and that they are included in decisions regarding responses to the illnesses that affect them.

| <b>CCM bringing together 17 organizations</b><br>(governmental, non-governmental, international, professional associations and charities)   |   |   |
|---|---|---|
| Ministry of Health & Medical Education, Prisons Organization, Ministry of Education, National TV & Radio Organization, Ministry of Foreign Affairs, Ministry of the Interior, Welfare Organization, WHO; Representatives from the: Parliamentary Committee on Health, Management & Planning Organization, Pharmacists & National Pharmaceutical Industries, Emam Relief Committee, National Committee for the Coordination of NGO activities, Private Medical Practitioners, Red Crescent Society, Social Security Organization, and the UNAIDS Theme Group |   |   |
| <b>Principal Recipient:</b> United Nations Development Programme – I.R. Iran  |   |   |
| <b>Project</b>  | <b>Sub-Recipients</b>   | <b>Grant Amount</b>   |
| <b>HIV-AIDS</b>   | <ul style="list-style-type: none"> <li>Center for Disease Control (MOHME)</li> <li>Prisons Organization</li> <li>Ministry of Education</li> </ul>     | Round 2: \$15,922,855<br><br>Round 8<br>Total: \$31,321,480<br>Phase 1: \$9,295,097 (in progress)                                 |
| <b>Tuberculosis</b>   | <ul style="list-style-type: none"> <li>Center for Disease Control (MOHME)</li> <li>Prisons Organization</li> <li>World Health Organization</li> </ul> | Round 7: \$18,957,412   |
| <b>Malaria</b>  | <ul style="list-style-type: none"> <li>Center for Disease Control (MOHME)</li> <li>World Health Organization</li> </ul>                               | Round 7: \$10,075,911<br><br>Round 10<br>(grant agreement concluded)<br>Total: \$18,697,387<br>Phase 1: \$9,966,037 (in progress) |

“The strength of these projects are their integration into our national plans. I consider our cooperation with the Global Fund and UNDP exemplary of the efficient of support that international organizations can provide to national governments,” explains Dr. Mohammad Mehdi Gouya, Director-General of the Centre for Disease Control.

| Rating | Description                           |
|--------|---------------------------------------|
| A1     | Exceeding Expectation                 |
| A2     | Meeting Expectation                   |
| B1     | Adequate                              |
| B2     | Inadequate but Potential Demonstrated |
| C      | Unacceptable                          |

## Iran's Achievements

Since the beginning of its collaboration with the Global Fund, Iran has made momentous strides in its fight against HIV/AIDS, TB and malaria which are reflected in the Global Fund's grant rating system.

The first Global Fund grant for HIV control begun in 2005, initially received a grade of B2 and closed in 2010 with a top A1 rating. Under Round 7, Iran's malaria control grant has been performing at a consistently high level, beginning with an A2 rating, rising to A1. The TB control project has maintained a grade of B1. Iran's achievements are concentrated in:

- Improving collaboration mechanisms and engagement with civil society organizations (HIV),
- Health system strengthening for better service delivery, information systems and operational research,
- Integrating training about HIV into the national educational system and disseminating information to the general public about how to protect themselves from TB and malaria,
- Working with national media to raise awareness about these diseases and, in the case of HIV, break the taboos that surround it.

The country has become a model for public health both regionally and internationally, with Iran's HIV control programme cited as an example of best practice by WHO and UNAIDS.



The following report highlights the vital changes that the partnership between the Government of the Islamic Republic of Iran, the Global Fund and UNDP have made in the lives of vulnerable Iranians, seven years since their inception. Each illness has a dedicated section including a description of its context in Iran, details on each Global Fund-supported project and its key achievements, and stories of affected individuals who have received assistance in their own endeavours against disease.



Controlling ARV stocks in the Kermanshah triangular clinic  
©T. Kummer 2011

# An Integrated Approach to Controlling **HIV/AIDS**



*In Iran, the number of people affected by HIV/AIDS remains relatively low compared to the country's population yet, difficult access to marginalized groups, lack of awareness about modes of transmission and persistent stigma are a challenge to containing the disease's spread.*

|   |                       |   |                                   |
|---|-----------------------|---|-----------------------------------|
| <b>Project: “The prevention and control of HIV/AIDS in the I.R. Iran through public civil society and private partnerships”</b>   |                       |   |                                   |
| Round 2   | May 2005 - April 2010 | Total grant budget:<br>US\$ 15,922,855                                      | 95% of approved funds implemented |
| Objectives: Strengthen assessment, surveillance and monitoring; promote HIV education; reduce HIV risk and vulnerability; improve access to quality care.   |                       |   |                                   |
| <b>Project: “Scaling Up HIV/AIDS Prevention Programs Towards Universal Access with Increasing the Partnership of Non-Governmental Sector”</b>   |                       |   |                                   |
| Round 8   | April 2010 - Mar 2012 | Total grant budget:<br>US\$ 31,321,480<br>Phase 1 budget:<br>US\$ 9,295,097 | Phase 1 in progress               |
| Objectives: Behavioral change communication and community outreach; increased adoption of harm reduction practices; ARV treatment and monitoring; strengthening civil society and institutional capacity; health system strengthening (service delivery, information systems and operational research). |                       |   |                                   |

### **About the project**

In May 2005, the Islamic Republic of Iran received its first US\$15.9 million Global Fund grant to control the HIV/AIDS epidemic in Iran nationally, working for disease prevention, detection, treatment and control. “The Global Fund and UNDP allocate their support to gaps in the National Strategic Plan for HIV. It's efficient

because efforts are not duplicated and allows for a more integrated response to the virus,” notes Dr Sedaghat, Head of the AIDS Department at Iran's Center for Disease Control (CDC). The success of this initial collaboration led partners to seek an additional grant from the Global Fund (Round 8, US\$9.3 million for Phase 1), approved in late 2009.

## Charting the HIV epidemic in Iran

To understand the characteristics and behaviors of patients and define groups likely to be exposed, the Global Fund and UNDP have assisted the CDC in running four national bio-behavioral surveillance surveys among vulnerable women (April-Oct 2010), two on intravenous drug users (March-Oct 2010) and prisoners (May to Dec 2009) - the first of their kind in Iran.

## Challenges to HIV/AIDS control

Poverty, drug abuse and marginalization all make high-risk groups difficult to access for HIV/AIDS prevention and treatment activities. “Because of the stigma surrounding HIV and AIDS, most people know very little about this illness, especially its modes of transmission. This makes our efforts against the virus all the more difficult,” concedes Dr. Khademi, Manager of the Communicable and Non-Communicable Diseases department of Kermanshah University of Medical Sciences. Nonetheless, notes Dr. Fardad Doroudi, UNAIDS Country Coordinator for Iran, “there has been a strong mentality change at the highest levels of the state to eliminate stigma against people living with HIV – this has been a marked improvement since 2005 when the first Global Fund project begun.”

## Drop-in centers to reach at-risk groups and leverage national involvement

Ms. Ahmadi heads up one of the first Drop-in Centers (DICs) for women created, staffed and equipped with the support of the Global Fund and UNDP in 2007. Much like other DICs, the one headed by Dr. Ahmadi is located in a depressed area of Kermanshah to facilitate access to high-risk individuals. A total of four of these centers were established in the cities of Kermanshah, Isfahan, Khoramabad and Shiraz under Round 2. Qualified staff members such as midwives and gynecologists were recruited on behalf of the centers by the Global Fund project which also covered the costs of their salaries. “This has helped leverage the involvement of national health authorities which have now encompassed female DICs in their budgets” she explains. When the GFATM Round 2 project ended, national health authorities established seven additional DICs in the cities of Tabriz, Mazandaran, Golestan, Tehran, Zahedan, Sanandaj and Isfahan.

## Key statistics on HIV/AIDS in Iran 2010

- First case discovered in 1986
- 23,125 people identified as HIV+
- 91.5% are male, 8.5% are female
- 66.4% of HIV transmission occurs through sharing infected syringes
- 21.1% of transmissions occur through unsafe sexual contact

*Source: : UNGASS 2010 & Latest statistics on HIV/AIDS in the Islamic Republic of Iran CDC, MOHME, spring 2011*

## National and International Spending on Controlling the HIV/AIDS Epidemic in Iran

(in thousands of US\$)<sup>1</sup>

| Year | National Funds | International Funds               | Total  |
|------|----------------|-----------------------------------|--------|
| 2006 | 30,050         | 3,058<br>of which GFATM:<br>1,954 | 33,108 |
| 2008 | 32,625         | 4,615<br>of which GFATM:<br>3,248 | 37,240 |

1-Islamic Republic of Iran Country Report on Monitoring of the United Nations General Assembly Special Session on HIV and AIDS, (UNGASS) 2008 & 2010



HIV life-skill based education  
© UNAIDS 2006

DICs supported by the Global Fund Round 2 grant are dedicated to addressing the specific needs of women of all ages who are exposed to infection, and were developed at the initiative of Dr. Gouya, Director General of the Center for Disease Control. Some are married to drug users or are users themselves, many are jobless – all are poor. The DICs provide a wealth of services designed to reduce their vulnerability to disease and marginalization. These include education on how to protect themselves from HIV, counseling to cope with infection, livelihoods training such as sewing or carpet weaving, and the distribution of harm reduction packages (condoms, clean needles and alcohol pads) and basic hygiene kits. To date, under funding round 8 and in collaboration with the Welfare Organization, the project has supported the creation of eleven male DICs and two sleep-in centers; five female DICs, three female sleep-in centers, and 31 outreach teams.

### **Protecting prisoners and their families**

Prisons concentrate a significant proportion of HIV positive people in Iran. Iran's Prisons Organization, working with the Global Fund and UNDP, has created or upgraded over 115 voluntary counseling and testing centers (VCTs), recruited 124 dedicated medical staff, established methadone maintenance therapy services and equipped 12 prison laboratories to strengthen blood screening and viral load detection. The project has also helped train prison staff and run educational sessions about HIV/AIDS for prisoners and their families.

“The Global Fund project provided extremely valuable technical support and encouraged our

various government offices involved in HIV/AIDS control to coordinate among themselves better,” notes Dr. Shahbazi, Global Fund Programme Coordinator in Iran's Prisons Organization. “The project facilitated learning from experiences in other countries and sharing our best practices. We've managed to bring the HIV prevalence rate among IDU prisoners down from 3.17% in 2000 to 1.68 % in 2008 – this is a major achievement<sup>2</sup>.”

### **Educating the public through media and schools**

The Global Fund project has helped set up eighteen 24-hour HIV hotlines in 11 provinces for anonymous counseling, and developed public service announcements for television; both aimed at raising awareness and educating the general public about HIV/AIDS. Over one million school children have received HIV prevention education since 2005. Public health workers now systematically receive training on HIV/AIDS in order to be more mindful of the disease in their daily practice of care. “One nurse contracted HIV from a needle prick in a hospital. The patient didn't know that he was HIV+, and neither did the medical staff. This could have been avoided if our colleagues had sufficient education about the disease,” explains Dr. Alikhani, head of the Rafat Triangular Clinic which provides anti-retroviral treatment (ART) for 1 200 patients in the Kermanshah province.

### **Improved detection with integrated care networks**

Effective detection of HIV/AIDS is essential to stop its spread. The CDC and other governmental bodies such as the Prisons and Welfare Organizations now

work in much closer coordination for detection and treatment. “The project has increased our contact with the private sector, especially with voluntary counseling & testing centers, positive clubs and the drop in centers for which we received support from the Global Fund and UNDP. By sending us referrals, these clubs and centers are like arms of our work, helping us reach high risk populations with detection and care services,” pursues Dr. Alikhani. “We are now conducting a pilot for rapid test kits with help from the project which we hope will facilitate our outreach to marginalized people because the testing can be done immediately onsite. Sometimes, VCTs need to refer their patients to other labs for testing, but patients don’t always follow through on the referral which can result in the loss of detected cases. We expect that the rapid testing will help us overcome this issue.”

### **Equipping labs and facilitating imports**

Importing highly specialized goods into Iran, such as laboratory equipment or medication, is often a time-consuming and cumbersome process. To circumvent this, under Round 2, UNDP has procured on behalf of the Center for Disease Control, 13 CD4 counters - which are used for determining a patient’s vulnerability to opportunistic infections - and is in the process of procuring 23 additional ones under Round 8.

The Global Fund also finances the import of second line ARVs. “If it were not for the Global Fund and UNDP, we simply could not get second line ARVs. They are very expensive, and the administrative complications of importing them are daunting. By providing an alternative route, the project has been enormously helpful,” says Dr. Pendar Navaei, HIV/AIDS Focal Point at the CDC in Tehran. “

### **Psycho-social support in Positive Clubs**

Psycho-social support is essential for people living with HIV/AIDS to lead healthier, happier and more fulfilling lives. The Global Fund project helped establish a network of Positive Clubs throughout the country, bringing together the CDC, UNAIDS and UNDP in a unique tripartite agreement. The clubs educate individuals affected by the illness – patients, family or friends – about how to protect themselves and their loved ones from HIV, how to defend themselves against stigma and how to become more productive members of their community. “Beyond information sessions, positive clubs offer group activities such as skills training to support members in finding – or making – income-earning opportunities for themselves. They also provide clothing and school supplies for members’ children, as many of them are very poor and cannot afford them on their own,” explains Mr. Amiri who heads up a Positive Club in Kermanshah.

According to Dr. Fardad Doroudi of UNAIDS, “the beauty of Positive Clubs is that they are run by people living with HIV who work together to find solutions to protect themselves against stigma and to improve both the care they receive and their quality of life.” UNAIDS’ support to the Global Fund project on HIV/AIDS has helped involve civil society organizations and associations of people living with the disease. In a recent UNAIDS Middle East and North Africa mapping exercise, Positive Clubs in Iran were selected as model for psychosocial support to people living with HIV.

“I got HIV in 2004 from injecting drugs – it was my first and last time. I deeply regret what I did, but my only choice was to cope. I couldn’t have

done that without the Positive Club in Kermanshah. Now I know how to take care of myself better, and I have met many other young people in my situation who I can talk with openly. This is very helpful since all the friends that know about my illness have rejected me. Through the club, I've also found work collecting used needles and syringes as part of the harm reduction service of a local DIC," says Ramin<sup>3</sup>, 27, now on methadone replacement therapy.

### Empowering people living with HIV to become active community members

Some Positive Club members have become pioneers in the fight against HIV/AIDS. Parisa<sup>1</sup> contracted HIV from her husband who received an infected blood transfusion while studying abroad. She is now a widow and strives to support her two sons alone – the youngest of which is HIV positive from birth. Parisa joined an HIV Positive Club in Tehran in 2006 to support herself and her family in coping with the disease. She has become one of their most active members and now works as a trainer within the Club. “The club is like a second home for people living with this disease – many of our members cannot rely on any help or understanding from their families and friends.

People trained here become advocates against stigma by speaking out in health houses, cultural centers and universities. This helps people realize that HIV/AIDS is much closer than they think and is not only a disease that affects marginal members of society. But most importantly for our members, the club reminds them that the game of life is not about playing well when chance is on your side, it's about what you achieve when the dice doesn't roll in your favor.”

#### Achievements at a glance

**Round 2:** the grant initially received grade B2 in 2005, rising to A1 (highest) at its close in 2010.

Over 300 000 teachers trained on HIV/AIDS, providing more than **1 million school children** with HIV prevention education. Teacher training has been integrated into the national education system.

**13** CD4 Counters procured and delivered, procurement of **23** additional CD4 counters in progress.

**Injecting drug users:** 52,806 reached by HIV/AIDS peer education and 'trainer of trainer' sessions, 10,759 reached with needle exchange programmes.

**Prisons:** 16,119 prisoners receiving HIV counseling and testing, prevalence rate for IDUs down from 3.17% in 2000 to 1.68 % in 2008.<sup>4</sup>

**13 Positive Clubs** established.

**383** HIV+ patients receiving **second line ARVs** (alternate and failure regimen).<sup>5</sup>

**4** Bio-behavioral surveillance surveys (**BSS**) conducted, now adopted by the Ministry of Health and run biennially.

**Raising awareness:** 10 TV teasers, 10 mini-documentaries and 8 animations produced & broadcast, Involvement of national broadcast media.

3- Names have been changed to protect anonymity

4- Islamic Republic of Iran Country Report on Monitoring of the United Nations General Assembly Special Session on HIV and AIDS, (UNGASS) 2010.

5- The GF share for coverage of this indicator is 50%.



Kermanshah women's DIC member receiving skills training  
©T. Kummer 2011

Being Positive:  
UNDP and the Global  
Fund Help Restore  
Hope for People Living  
with HIV



"I thought that I would go as fast as my husband," confesses Niloofar<sup>1</sup>, 30, in the meeting room of the Kermanshah Positive Club. She discovered that she had HIV at a hospital in Tehran in 2004. She contracted it from her husband who spent eight years in jail. At the time, she had heard of no clinics in western Iran and had to travel to the capital, far from her home located on the outskirts of Kermanshah.

"I had heard about HIV-AIDS from brochures in doctors' offices and was always terrorized of getting it. When I found out I was HIV+, I didn't want to live anymore. My daughter was one year old, and fortunately HIV negative - I didn't know what kind of parents we would be for her," she continues. Her husband died just two years after they both got diagnosed with HIV.

Dedicated drop-in centers (DICs), reference labs, positive clubs and voluntary counseling & testing sites supported by the Global Fund project form a closely knit network aimed at providing integrated care to HIV+ patients and their families. Niloofar was referred to the Kermanshah Positive Club<sup>2</sup>, as part of the psycho-social support services for people living with HIV.

"Stigma against HIV/AIDS remains strong in Iran because people lack education about the disease. Fortunately, stigma against care facilities like DICs and Positive Clubs has subsided though much work remains to be done to help include HIV+ patients in their communities," says Dr. Khademi, Manager of the Communicable and non-communicable diseases department of Kermanshah University of Medical Sciences. "By creating TV advertisements, DICs, Positive Clubs, hotlines and training sessions, the project has helped us reduce stigma enormously."

1- Names have been changed to protect anonymity

2- The Global Fund project helped establish a network of Positive Clubs throughout the country, bringing together the CDC, UNAIDS and UNDP in a tripartite agreement. The clubs educate people living with HIV about how to protect themselves and their loved ones from HIV, how to defend themselves against stigma and how to become more productive members of their community. 13 Positive Clubs were established under funding Rounds 2 & 8.

For Niloofar, her first few years living with HIV were extremely difficult, especially psychologically. "When I told my parents, they rejected me and would not let me touch things in their house. The information I received through the Positive Club helped me explain to them how HIV is transmitted, but also what kind of support I needed from them. Now, they do not make me feel uncomfortable in their home anymore and frequently come to my house to visit." The Global Fund-supported Positive Clubs help members manage their relationships to others and provide a space for open dialogue and exchange with people in similar situations.

"Here, we are empowered to teach each other about HIV's modes of transmission and how to keep ourselves and our families healthy. I have been HIV+ for seven years and have kept my CD4<sup>3</sup> count over 600 thanks to the classes I received - I don't yet have to take ARVs," adds Niloofar. Positive Clubs also provide clothing and stationery for members' children and help them find work. "I was trained in sewing here and now sell clothes from home. Mr. Amiri, the Club Director, will help me secure a loan for me to get a shop."

"I now help distribute informational materials about HIV to health care centers and other organization. I worry especially about youth and other women whose husbands have been in prison. I want to help make sure that none of them get HIV like I did." Niloofar has been a very keen participant in the Club's activities and has been invited to Tehran to take part in a workshop there with health-care workers and other people living with HIV.

"Today, I see the future in a very positive light. I never think about death and sometimes even forget that I am sick. I know that I will overcome this disease - sometimes, I even believe that I will find its cure," she smiles.

3- used for determining a patient's vulnerability to opportunistic infections



Kermanshah women's DIC staff member at a skills training session  
©T. Kummer 2011



Children in Golestan, Iran's second most TB affected province after Sistan & Balouchestan  
©T. Kummer 2011

# Tracking down Tuberculosis

*Tuberculosis is endemic in Iran and has an especially high prevalence in the east and south of the country. The rugged environment and vast expanses of territory to cover are major challenges for the national public health system.*

| Project: “Tuberculosis Prevention in High Burden Areas”  |                    |                                      |                     |
|--|--------------------|--------------------------------------|---------------------|
| Round 7  | Oct 2008-Sept 2013 | Total grant budget:<br>\$ 18,957,412 | Phase 2 in progress |
| Objectives: Pursue high quality DOTS expansion and enhancement, address HIV/TB and MDR-TB, empower people and communities with TB, strengthen programme management capacity. |                    |                                      |                     |

### About the project

Since 2008, the Iranian Ministry of Health and Medical Education has been implementing an US\$ 18.9 million Global Fund grant to control tuberculosis epidemics in partnership with the Center for Disease Control, the Prisons Organization, UNDP and WHO. The project is aligned with the National TB Strategic Plan to reduce the incidence rate of TB and focuses on seven of Iran’s provinces with the highest TB prevalence rate. The project supports the Iranian TB control program in case finding, enhancing the quality of DOTS, and advocating for social mobilization.

### Making the public health system more sensitive to TB

“The roll out of the Global-Fund sponsored project has made the entire public health system more sensitive to TB control and the measures that are

necessary to tackle it” says Dr. Golfiruzi, Deputy of Health for Golestan University of Medical Sciences.

“Because the project has renewed our overall focus on TB, people now acknowledge that we have a large poor population affected by the disease. Our colleagues in the capital are more understanding of our needs” adds, Dr. Sedaghat, Head of communicable diseases in the Golestan Provincial Health Center .

### Establishing laboratories for quicker detection

The Global Fund - supported project has established 32 Direct Smear Microscopy (DSM), 4 Drug Susceptibility Testing (DST) and 10 culture labs in its target provinces. UNDP helps its partners to manage the often cumbersome and lengthy

## National and International Spending on Controlling the TB Epidemic in Iran<sup>1</sup>

(in thousands of USD)

| Year | National Funds | International Funds<br>GFATM | Total  |
|------|----------------|------------------------------|--------|
| 2009 | 16,650         | 4,800                        | 21,450 |
| 2010 | 16,970         | 5,125                        | 22,095 |

bureaucratic process for importing high-tech equipment into Iran. “Without the project, it would have been impossible to get these instruments into our labs,” explains Dr. Sedaghat.

The better equipment in labs has significantly shortened the time between the appearance of TB symptoms, diagnosis and treatment. “Previously, our labs were not at international standards, now, they are, and we can work much faster,” Dr. Abolghasem, head of health laboratories of Hormozgan University of Medical Science, shared while turning on the new incubator procured with the help of UNDP in the Bandar Abbas culture lab.

### Containing the spread of disease

“Our province, Golestan, has the second highest incidence of TB in the country after Sistan and Baluchestan. Before the project began, we had to send sputum samples to another province for testing. The time lag between the appearance of symptoms and diagnosis meant that people affected by the disease could unknowingly infect others for longer. Today, with the help of the project, we can refer patients for treatment faster and reduce the number of people they contaminate,” explains Dr. Mozaffari, Head of Communicable and non-Communicable Diseases in the Golestan Provincial Health Center.

### Improving DOTS by supporting access to patients

As part of the Stop TB partnership strategy, the project bases its treatment protocol on the DOTS strategy, the method of Directly Observed Treatment Short course recommended by the World Health Organization. Under DOTS, patients are brought their daily doses of medicines by health workers first thing in the morning. Patients must take all their medication under the direct observation of healthcare staff for two to three months. Strict adherence to treatment is essential to avoid developing multi-drug resistance, which, with its slow but steady rise, has become an issue of growing concern for health authorities internationally.

Many patients in Iran live in remote or very poor areas, frequently requiring health workers to travel long distances through rugged terrain in the early hours before dawn. The Global Fund project supports the payment of transportation costs for the community health workers who administer DOTS. According to Dr. Nasseh, TB focal point at the CDC in Tehran: “some of our main challenges are making sure that DOTS visits are well organized and that we support behvarz’s (neighborhood-level health worker) transportation to the patient’s place of residence - the project has been extremely

helpful for this.”

“DOTS was about to be forgotten in Iran. The Global Fund project has revived and expanded it within our public health system”, continues Dr. Golfiruzi. “Working with the Global Fund and UNDP has given us some insights into the way other countries organize their response to the disease, which has been an excellent learning opportunity for us,” adds Dr. Mozaffari.

### **Working in prisons**

Prisoners are another vulnerable group targeted by the project as the TB incidence rate in prisons is five times higher than the national average. Working closely with the Prisons Organization, the Global Fund project has contributed to dramatically improving the reporting system for TB in prisons. The TB detection rate is now 63% higher than the project’s target of 41 new TB cases detected in prisons per quarter.

To stall the spread of disease, 54 isolation rooms and quarantine wards have been established with Global Fund support in prisons in targeted provinces whose population is larger than 500. DOTS visits in prisons are financially supported by the project and conducted by the local NGO, Hemayat-al Zendan, who also provides HIV care to prisoners under funding Round 2.

### **Protecting staff**

Medical and lab personnel working on TB are very exposed: two lab technicians and one behvarz working in Golestan contracted TB last year. “One lab technician even got TB meningitis. Now that the project has equipped us with bio-safety cabinets, contamination in lab settings is a

thing of the past,” notes Dr. Sedeghat, “It is crucial to protect our personnel - no amount of equipment or medicines can replace their dedication.”

The risks and demands associated with contributing to the fight against TB are numerous and staff turnover at all levels of the TB control programmes is a concern. The Global Fund grant provides the financial backing to recruit qualified staff to ensure consistent management. “We had not foreseen that even at the most basic level of the health care system, working for an internationally backed project would be such a strong motivator for staff,” reveals Dr. Kamalinia TB focal point in the Golestan Provincial Health Center.



Nazar Ghorbani’s sons - both are making a remarkable recovery against TB  
©T. Kummer 2011

## Key statistics on TB in Iran 2010

- Approximately 14,000 people are affected by TB annually,
- 50 new multi-drug resistant (MDR) TB cases identified,
- 110 MDR-TB cases under treatment,
- Provinces with highest incidence rate: South Khorasan, North Khorasan, Khorasan Razavi, Khuzestan, Hormozgan, Sistan and Baluchestan,
- These provinces are home to 23% of Iran's population but 50% of its TB cases.

*Source: : WHO Annual Report 2010 & National TB Registry Report 2010*

### **Educating the public through media and schools**

Numerous public awareness campaigns funded by the grant have helped educate the public about how individuals can protect themselves and their families from TB, and what to do if symptoms appear. The project supported production and broadcasting messages on Iranian national television networks. In at-risk provinces, students receive training and information packs about the disease and schools run annual competitions for the best TB awareness poster.

### **Measurable success**

The project has filled some important gaps in the national plan, and Iranian health authorities are keen to continue this cooperation. "We need more resources to build on our successes in controlling TB in our country. Nonetheless, treatment success rates improved from 72 to 92%, in just one year after the project was started, largely because we can detect and treat the disease better," says Dr. Kamalinia. He adds: "some of the changes to our national programme required by the Global Fund, such as monitoring and evaluation, were tough to implement but they certainly were for the better. Now more than ever, it is important for us to be able to count on stable funding to see this transition through and consolidate the significant progress we've made."



## Achievements at a glance

Laboratories established: 32 DSM (direct smear microscopy)  
 4 DST (drug susceptibility testing)  
 10 Culture labs

**39** vehicles purchased and delivered to Universities of Medical Sciences in target provinces for monitoring and evaluation.

**23** technical staff recruited at CDC and Prisons Organization dedicated to project monitoring and evaluation

**Prisons:** Reporting system for TB cases drastically improved,  
 Detection of TB cases 63% above target,  
 54 isolation rooms and quarantine wards established in large prisons.

Raising awareness: 6 TV teasers produced and broadcast on national television networks,  
 SMS sent to 47 000 doctors on International TB Day to emphasize importance of TB diagnosis and treatment. This activity is repeated annually.

10% decrease in TB incidence in Iran between 2009 and 2010.<sup>2</sup>

Approximately 11,972,056,500 Iranian Rials (equivalent to US\$1,197,000) spent on supporting DOTS visits from October 2008 to November 2011.

Treatment success rate in targeted prisons was 81.7%, which is 11.7% above the baseline (70%).

National case detection rate increased from 69% in 2006 to 84.2% in 2010 – 14 percentage points above the established global target.<sup>3</sup>

2- WHO Annual Report 2010

3- National TB Registry 2010

# Treating Tuberculosis in Gorgan

"I was so weak it became impossible to work," sighs Nazar Ghorbani, a 53 year-old metal worker from Zabol living in the north-eastern Iranian city of Gorgan. Nazar has eight children to feed, the youngest of which is only three months old. Nazar's fatigue and persistent cough led him to visit the local health center in Fazelabad on the outskirts of Gorgan where he lives with his wife and children in a cramped and poorly ventilated house.

The health worker who examined Nazar suspected TB infection and collected his sputum sample. The Global Fund and UNDP have supported the Center for Disease Control to establish two Direct Smear Microscopy (DSM) Labs and one culture lab in Golestan province to reduce the time lag between the appearance of TB symptoms, diagnosis and treatment. This has significantly improved access to laboratory services and sped up lead-in times considerably for sputum sample testing, meaning that people presenting TB symptoms such as Nazar can get diagnosed much faster. To date, 46 TB laboratories across Iran were equipped with the help of the Global Fund grant. More labs shorten the time lag between suspicion of disease and diagnosis. Consequently, patients can be treated faster and reduce the number of people they unwittingly contaminate. Nazar was confirmed to have tuberculosis.

"I was helpless when I got the news - with all the troubles I already had to support my family, I didn't know where to turn for help," he continues. Behvarz, community level health workers, provide a network of coverage for health services in Iran, facilitating outreach to communities no matter how remote or marginalized. With the information provided by the behvarz active in Nazar's area, Hossein Dankoub, the doctor examining Nazar was aware that he has several children under the age of six living with him. Nazar was asked to bring in his young children for testing straight away. Small children are especially vulnerable to TB, among other contagious infections.

Two of Nazar's sons, ages three and four both had caught TB from living in overcrowded and airless conditions. Isa, his three year-old son, caught sputum-negative TB. His four year-old, Moslem, developed TB meningitis - one of the most severe manifestations of TB which if left untreated, could have irreversible

consequences on his mental acuity. Moslem was so sick that he temporarily went blind.

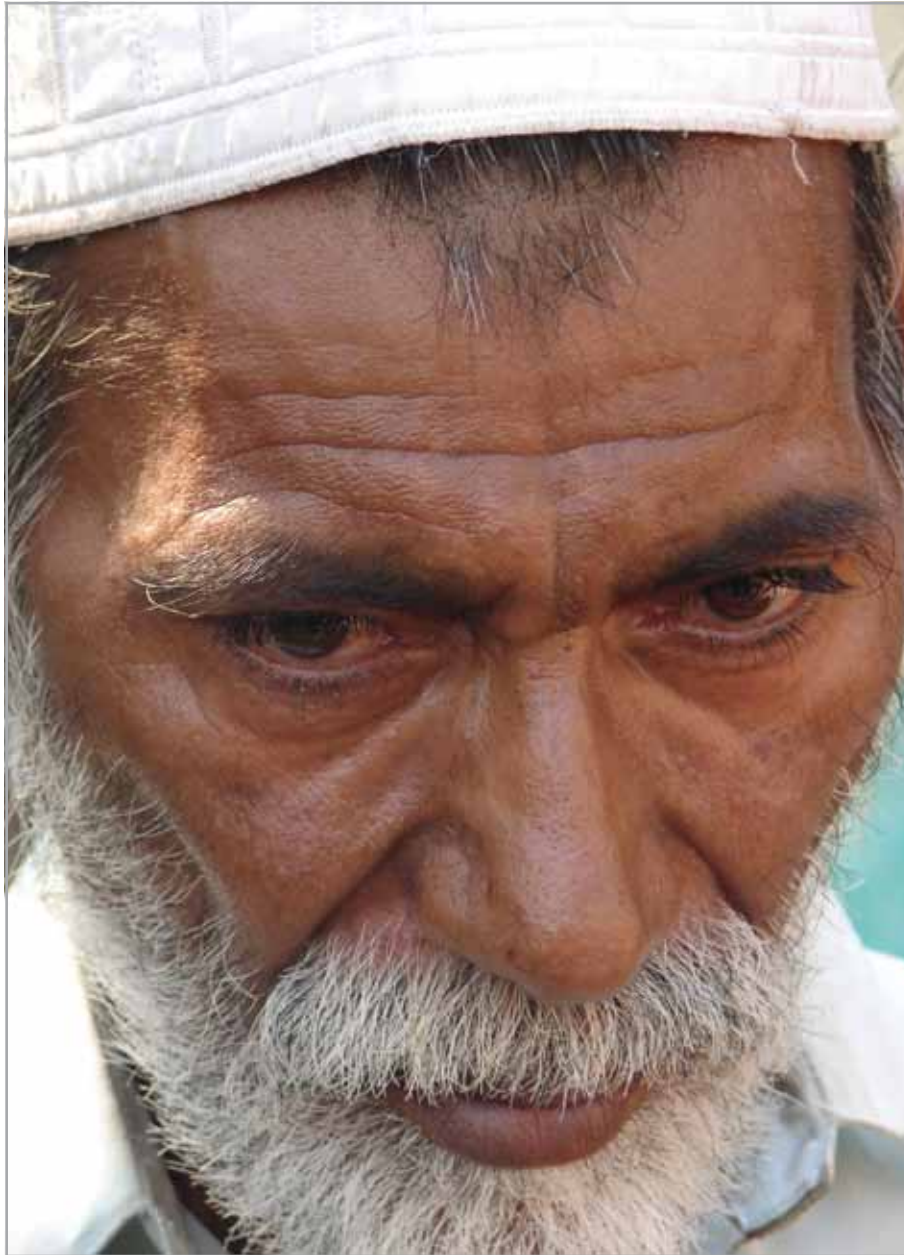
Nazar and his two sick children were immediately started on DOTS - directly observed treatment, short course - the internationally recommended strategy for TB response, for which the Iranian Ministry of Health received assistance from the Global Fund and UNDP in reinstating to control the country's TB epidemics. Another one of Nazar's young sons, Mousa, was also started on a course of TB prophylaxis to prevent him from getting infected.

Hossein Dankoub, the behvarz working in Nazar's community, now visits his house daily to deliver his and his sons' daily medication against the disease and to make sure that they are adhering to the treatment correctly.

"If patients are not assisted to adhere strictly to the treatment, they can develop a resistance to the medication. It is very important for us behvarz to be able to access our designated patients first thing in the morning. Nazar lives close by, but some of my colleagues have to travel far in the early hours to make sure they administer the medications correctly," explains Hossein Dankoub. "The Global Fund's support for DOTS administrators' travel costs has been enormously helpful," adds Dr. Kamalinia, TB focal point in the Golestan Provincial Health Center.

Nazar and his sons have responded remarkably well to the medicines and medical attention they are receiving through the dedicated and consistent support of Iran's national public health system and its international partners. While Nazar and his boys are still under treatment - therapy for TB meningitis can last between nine and twelve months - they are making a swift recovery to good health. Nazar has gradually regained his strength and begun working again to support his large family. Moslem got his sight back and has returned with his bother Isa to play with the children in his neighborhood more than ever before.

In just a few years, Nazar's boys will soon be admitted to school. With the help of Iran's health system supported by the Global Fund, their life-threatening illness will have become little more than a bad memory.



Nazar Ghorbani  
©T. Kummer 2011



A child sleeping under a long-lasting insecticidal net procured with help from the Global Fund in Sistan & Balouchestan  
© MOHME 2010

# Managing Malaria in South-Eastern Iran

*Iran's public health system has received international acclaim, yet the prevention and diagnosis of malaria in its remote and sparsely populated south-east, where 3.8<sup>1</sup> million people are at risk, remains a challenge.*

**Project: “Malaria Intensified Control in High Burden Provinces of South Eastern Iran”**

|         |                   |                                     |   |
|---------|-------------------|-------------------------------------|---|
| Round 7 | Oct 2008-Oct 2013 | Total grant budget:<br>\$10,075,911 | Phase 2 consolidated with<br>Round 10 Phase 1 |
|---------|-------------------|-------------------------------------|---|

Objectives by 2013: In line with the national malaria strategic plan to reduce local malaria transmission by 80% by 2012 compared to 2006 and to prevent malaria deaths in the 20 target districts: all cases treated according to national guidelines upon parasitological confirmation of diagnosis, 90% of affected population protected with LLINs or IRS, epidemics detected within one week and contained within one month, all targeted districts staffed and resourced for M&E and reporting malaria control activities.

**Project: “Elimination of Falciparum Malaria in Priority Areas in the Islamic Republic of Iran”**

|          |                                       |                                     |                              |
|----------|---------------------------------------|-------------------------------------|------------------------------|
| Round 10 | Total duration:<br>Oct 2011-Sept 2016 | Total grant budget:<br>\$18,697,387 | Grant agreement<br>concluded |
|          | Phase 1:<br>Oct 2011-Mar 2014         | Phase 1 budget:<br>\$9,966,037      |                              |

Objectives by September 2016: In line with the national malaria strategic plan to eliminate local falciparum malaria transmission by 2015 in priority areas: all cases treated according to national guidelines upon parasitological confirmation of diagnosis, 90% of affected population protected with vector control measures, prevention of reintroduction of falciparum malaria transmission, strengthened health system and intersectoral partnership on National Malaria Elimination Plan.

**About the project**

Under funding Round 7, Iran received its first Global Fund malaria control grant in 2008, targeting the reduction of local malaria cases in Iran’s southeastern provinces of Hormozgan, Kerman and Sistan & Baluchestan. The Ministry of Health and Medical Education’s Malaria Control

Department manages the \$10,075,911 grant jointly with UNDP with support from the WHO. A grant under Round 10, aimed at eliminating falciparum malaria in priority areas in Iran, was recently concluded and will be rolled out in eight additional provinces of Fars, Isfahan, Gilan, Khuzestan, Booshehr, Ghom, Kurdistan and Khorasan Razavi.

1- Reported by the National Malaria Surveillance System 2009 – Provinces of Kerman, Sistan & Baluchestan, Hormozgan

## Key statistics on malaria in Iran 2010

- 3.8 million people were estimated to be at risk of malaria transmission in Iran.
- Approximately 90% of malaria cases are concentrated in the provinces of Hormozgan, Sistan & Baluchestan and Kerman.
- 3345 confirmed malaria cases were reported of which 90% were *P. vivax*, 10% *P. falciparum*.
- 1179 malaria cases (35.25% of the total) were non-Iranians, mainly from Afghanistan and Pakistan.

*Source: :Reported by National Malaria Surveillance System 2010*

### Malaria in Iran

Iran's malaria prevalence rate is relatively low, but 90% of infections are concentrated in the three provinces that are targeted by the Global Fund project under Round 7: Hormozgan, Kerman and Sistan & Baluchestan. The remaining 10% of malaria cases are found in the additional eight provinces covered under funding Round 10. In addition to their climate, Hormozgan, Kerman and Sistan & Baluchestan are especially prone to malaria because of their high percentage of people living in rural areas without electricity, their proximity to malaria vectors, and the significant cross border population movement with Pakistan, where malaria transmission rates are significantly higher than in Iran.

Some men working in urban areas are also at high risk of contracting the disease. Many of them are employed on construction sites or as drivers and work at night, when mosquitoes are most active.

“Those most exposed to malaria are poor and live in extremely remote areas. Some villages in the targeted districts are located very far from health centers and almost inaccessible by car because of the bad quality of roads. These are major challenges for public health workers to reach at-risk communities for malaria prevention and treatment. In addition, when people are poor, it is more difficult for them to reach health centers because of their remote location and the opportunity costs of seeking help,” explains Dr. Darianavard, Technical Assistant to the Deputy of Health of Hormozgan Province.

### Improving detection with additional lab facilities and Rapid Diagnostic Tests

“Before the project we did not have full access to populations at risk, especially Afghan or Pakistani migrants who would not consistently present themselves at government medical facilities. The Global Fund project has



made it possible to diagnose suspected cases much faster, and at no cost to those tested with the introduction of Rapid Diagnostic Test (RDT) kits,” Dr. Darianavard adds.

With the help of the project, RDT kits were rolled out for the first time in Iran’s history. RDTs can be conducted anywhere with just a drop of blood and take only twenty minutes to diagnose beneficiaries with malaria. The use of these kits has helped adapt the response of local health officials to the needs and livelihoods of communities at risk. Today, RDT kits are available in all health centers, hospitals and health houses in the south east of the country and are accessible to nearly all individuals at risk of malaria infection. RDTs have improved the early detection of malaria and eliminated the time lag between taking blood smear samples from suspected cases and transferring them to labs. In addition, the project has also equipped 30 dedicated malaria labs in order to reduce the distance between testing centers.

“RDTs are the key to reducing the time between the onset of symptoms and detection of malaria, leading to much quicker and efficient access to care. The Global Fund project has supplied targeted provinces with motorcycles and all-terrain vehicles to increase access of health care staff to remote communities” says Dr. Ranjbar, Malaria Project Manager at UNDP. “The introduction of RDTs into our National Malaria Elimination Plan, with the crucial support of the project, is among our most important achievements” adds Dr. Safari, Communicable Diseases Control Department Manager in Hormozgan province.

### **Pre-positioning stocks for emergency response against outbreaks**

The Center for Disease Control has also established ten fully equipped emergency sites in Iran’s southeastern provinces with Global Fund and UNDP assistance. Pre-positioning stocks such as thermal fogging machines, sprayer pumps for insecticide spraying, Long-Lasting Insecticidal Nets (LLINs), RDTs and materials for community education make sure that local authorities are prepared to respond to outbreaks as soon as they appear. Thanks to emergency sites and the Malaria Early Detection System set up as part of the Global Fund project, malaria epidemics are now detected within one week of their onset and controlled in less than a month.



Azaneh Janahipour, 15 years old, washes her hand before midday prayers in Hormozgan  
© T. Kummer 2011

## National and International Spending on Controlling the Malaria Epidemic in Iran<sup>2</sup>

(in thousands of USD)

| Year | National Funds | International Funds<br>GFATM              | Total      |
|------|----------------|---|------------|
| 2009 | 6,823,000      | \$384,798<br>of which GFATM:<br>\$374,798 | 7,208,798  |
| 2010 | 7,157,000      | 3,391,274<br>of which GFATM:<br>3,377,274 | 10,548,274 |

### Improving malaria reporting systems with new processes and dedicated staff

The improvement of malaria reporting systems has also been crucial for the success of the malaria project. “Before the project, few of our activities were consistently recorded. Requirements for the Global Fund grant have helped us make sure that all of our activities are documented. This has allowed us to do more, and to do it better,” adds Dr. Darianavard.

To support consistent administration of the malaria project, five dedicated staff members have been recruited with help from UNDP to work at the Center for Disease Control and the affiliated UMSs (University of Medical Sciences), and twenty of CDC staff members have been sent on a two-year malaria MSC course in universities in southeastern Iran, all with financial support from the Global Fund grant. This project component aims to improve the technical capacity of targeted universities in epidemiology, parasitology and entomology which facilitates evidence-based decision-making in the National Malaria Control Programme.

### Partnerships: the key to life-saving results

The CDC’s partnership with the Global Fund, WHO and UNDP has ensured that some 2.3

million people in these remote and poor parts of the country have constant access to prompt malaria diagnosis services, and benefit from preventative measures such as treated nets and insecticide spraying to keep mosquitoes at bay.

“What makes this programme so effective is that it is designed by the Iranian health authorities, leverages national institutional capacity, and is perfectly integrated to our National Malaria Elimination Plan. Our partners feel a strong sense of ownership which allows the operation to be sustainable over time,” explains Dr. Amlashi, M&E Associate of the Global Fund Malaria Project at UNDP.

According to Dr. Mohammad Mehdi Gouya, Director-General of the Centre for Disease Control, the results are “brilliant – the collaboration between UNDP and the Center for Disease Control (CDC) has been exemplary. Today, in the project’s three target provinces, people have access to care 24 hours a day, and health authorities at provincial levels are much better prepared to control outbreaks.”

“In 2007, the year before the UNDP - Global Fund project began, around 15 000 malaria infections were recorded in the three target provinces. With

support from the project, the CDC managed to reduce that number to approximately 8 000 cases in its first year, approximately 3 500 in its second year - despite the fact that testing rates were much higher,” adds Dr. Mirkhani, the Global Fund Malaria Project Coordinator at the CDC in Tehran.

“Before I became the malaria focal point for the GF project in Hormozgan, I was responsible for all the medical labs in the province at the local center for disease control. I had a dream that an international organization would come assist us so that we could help our people better by working at a higher level. That dream came true. Now we have better access to communities, and can diagnose cases much faster. Thanks to new equipment in our offices and labs, we can manage malaria response for our large and vulnerable population in a very challenging environment,” admits Mr. Gholam Mohseni.

Today individuals in targeted areas have adopted simple measures to protect themselves and their families from malaria. This includes using long-lasting insecticidal nets rather than traditional nets, storing them correctly and consistently sleeping under them to stay malaria-free. Thanks to outreach by national health authorities supported by the Global Fund project, communities are better able to recognize malarial symptoms and know to seek medical help immediately.

With faster testing from RDTs and additional lab facilities, more effective vector control measures, improved early warning and monitoring capacity and protective behavior adopted by targeted communities, each day Iran is moving closer to meeting the goal it has set for itself nationally: eliminate *fulciparum* malaria transmission by 2015.

### Achievements at a glance

2008 to present

30 new **microscopy labs** established in target provinces of Kerman, Hormozgan and Sistan & Baluchestan.

100 % of patients hospitalized for severe malaria received treatment in accordance with national guidelines.

99.6% of targeted health facilities have recommended anti-malarial drugs according to national malaria treatment guidelines in stock with no reported stock-outs.

**110** motorbikes, **20** double cabin and **2** single cabin vehicles purchased and delivered to health facilities in targeted districts to facilitate rapid diagnoses and timely onset of treatment.

Long-Lasting Insecticidal Nets (LLINs): **243,800** procured and distributed approximately about 110,800 people  
**514,893** people trained for their use

All outbreaks in year 2 of the project were detected within one week of their onset and controlled within one month.

**10** emergency sites established (Sistan & Baluchestan, 5; Kerman, 2; Hormozgan, 3)

**73%** reduction in incidence of malaria between 2007 and 2010.

154,020 RDT kits distributed among health facilities to be used by health staff and by rural malaria mobile teams, teachers and rural community volunteers

Consistently strong grant performance: beginning at A2 and progressing to top grade of A1



# Rolling Back Malaria in Hormozgan

Mohammad Yaaghoob, a 45 year-old migrant from Khunduz, Afghanistan, knows what it's like to be sick. His memory of the fever and aches and pains of when he contracted malaria twelve years ago is still painfully fresh. So when Abdol-Karim Noorzehi, 17, living on the vacant lot he and ten other Afghan migrants call home came to him shivering in Bandar Abbas' searing heat, Mohammad knew exactly what to do.

Despite being foreign nationals and clandestine workers, the Afghan population living in Iran - up to 3 million people according to some estimates - receives free primary health care from the Iranian national health system. Mohammad himself benefitted from this when he experienced malarial symptoms during one of his numerous trips into southern Iran in search of work to feed his six children across the border. Mohammad immediately signaled Abdol-Karim's condition to urban health house 3 where he had received treatment over a decade ago.

Things have changed dramatically since Mohammad's last visit to the health house. The medical staff immediately dispatched a mobile team to test Abdol-Karim with a Rapid Diagnostic Test (RDT) procured by UNDP with the Global Fund grant on behalf of the CDC. RDTs yield a diagnosis in minutes - when Mohammad last visited the health house, patients were exclusively tested by blood sample, and diagnoses took a minimum of three days because of the distance between malaria labs in the province.

"Before the Global Fund project was rolled out, it could sometimes take up to five days to diagnose a patient because of the time it took for people to get to malaria labs and for processing blood samples," explains Dr. Abolghasemi, Head of the unit for health laboratories in Hormozgan University of Medical Sciences. Today the CDC, with financial backing by the Global Fund and support from UNDP, has set up 30 malaria labs across Hormozgan, Sistan & Baluchestan, and Kerman - three provinces in the south east of Iran which concentrate over 90% of malaria cases in the country.

Like many migrants from Afghanistan and Pakistan, Mohammad and Abdol-Karim contracted malaria in their home country, where malaria infection rates

are significantly higher than in Iran. The new malaria labs created as part of the Global Fund project are concentrated in border areas to facilitate access by the country's most at-risk population.

Now testing sites are more numerous and have been provided with high performance equipment, drastically reducing the time between the appearance of malarial symptoms, diagnosis and treatment.

Since the project was initiated three years ago, malaria infection rates have fallen nearly four-fold. At the project's core are preventative measures like the systematic distribution of long-lasting insecticidal nets (LLINs), community education, insecticide spraying during the high risk periods of spring and late summer, and the creation of 10 emergency response sites.

Health care workers train community members like Mohammad to reduce their exposure to the disease. They receive LLINs, learn how to use and store them properly, and are taught what to do if malarial symptoms appear. These are vital skills, particularly for workers who travel frequently between Iran, Afghanistan and Pakistan.

"I make sure that we all sleep under the net. It's especially important anytime we sleep outside or when the power is cut. It's essential that we all stay healthy. We all work together here as garbage collectors and it becomes a problem for all of us if one of us gets sick: that person can't work anymore and even needs someone to stay and look after him. None of us can afford it," says Mohammad while demonstrating how he sets up the LLIN he and his companions received from a local health worker.

Thanks to the rapid detection tests kits the health house's mobile team received with help from Global Fund, the center took minutes to confirm Abdol-Karim was infected with malaria. After an eight week course of chloroquine and premaquine, and close monitoring by health staff for three weeks, he has fully recovered from an illness that could have cost him his life.



Mohammad Yaghoub gets tested for malaria using an RDT procured with the help of the Global Fund in Bandar Abbas  
© T. Kummer 2011

# Conclusion

## Capacity Development and Avoiding Parallel Structures

Global Fund grants aim to fill gaps in national programmes and leverage local capacity. For this important reason, no additional administrative structures were created within the Iranian Ministry of Health to support the smooth running of projects. Where additional dedicated staff was needed to administer activities, particularly for monitoring and evaluation, they were integrated into the CDC's respective divisions for HIV, TB and malaria control, centrally in Tehran and at the provincial level. This avoided duplicating structures, encouraged knowledge-sharing and enhanced capacity strengthening efforts.

National capacity for disease control efforts was strengthened in various areas:

- ✓ **Human resources:** support for the recruitment of dedicated staff, training;
- ✓ **Procuring specialized goods:** CD4 counters, laboratory equipment, RDTs, tools for vector control (malaria), vehicles for M & E activities;
- ✓ **Mapping disease:** support for conducting surveys on scope of epidemics;
- ✓ **Developing and/or strengthening systems:** Malaria Early Warning System, support to DOTS visits, improved M&E systems;
- ✓ **Facilitating community involvement** and integration between public and private sectors (especially for HIV/AIDS project activities);
- ✓ **Supporting education about HIV, TB and malaria** through public awareness campaigns, adoption by the national educational system, involvement of national broadcasters and setting up 24 hour hotlines (HIV).



Collaboration with the Global Fund has created a unique opportunity for Iran to enhance and streamline its national strategies for HIV, TB and malaria control. By boosting local capacity, Global Fund resources have helped Iran meet the priorities it has set for itself more efficiently while supporting progress towards the Millennium Development Goals.

**Working in Partnerships**

Strong partnerships have been the key to the consistently high performance of Global Fund grants in the Islamic Republic of Iran. The projects have contributed to the development of distinctive national structures such as the Country Coordinating Mechanism – a unique forum bringing together government offices, international and civil society organizations, the private sector and academia. In the field, involvement of communities affected by disease, private care and outreach organizations and inter-ministerial collaboration have paved the way to tangible results in the fight against HIV/AIDS, TB and malaria.

The Global Fund projects also leveraged cooperation between UN agencies, including in the field of procurement, drawing on the respective core strengths of each organization.

**Transparent and Accountable Financial Management**

UNDP’s role as the Principal Recipient for Global Fund Grants has enabled it to provide financial management services for over US\$ 45 million and procurement services for US\$16.5 million. Its experience has also contributed to facilitating administrative procedures and ensuring the transparent and accountable management of funds. Thanks to UNDP’s PR team working hand in hand with national partners, internal and national audits have consistently confirmed satisfactory performance and appropriate use of financial resources.

| <b>Agency</b> | <b>Role in Procurement</b> (all figures in US\$)  |
|---------------|---|
| <b>UNDP</b>   | HIV/AIDS (pharmaceuticals, health products, testing kits, lab equipment): 2,898,400<br>TB (laboratory equipment, vehicles) : 6,129,691<br>Malaria (lab equipment, microscopes, insecticides, vehicles): 1,266,325 |
| <b>UNICEF</b> | ARVs: 1,050,000   |
| <b>UNFPA</b>  | Condoms: 253,500  |
| <b>UNAIDS</b> | Establishment of Positive Clubs: 512,000  |
| <b>WHO</b>    | Malaria project (LLINs and RDT Kits): 1,660,00  |

## Lessons Learned

To enhance the sense of ownership and improve performance, projects should assume a bottom-up approach. This helps include field-level implementers in decision-making as well as in the preparation of detailed action plans, standardizing reporting requirements and brainstorming to improve implementation. Civil Society Organizations (CSOs) have been involved in various project activities as contractors in compliance with UNDP procurement rules and regulations. This approach has increased accountability and improved the quality of services that CSOs have delivered.

Random control checks conducted by a third party have proved to be a successful practice for ensuring the quality of the project's supply chain management. In the future, this method of external evaluation will be adopted more broadly. High-quality, reliable data is critical for decision-making; experience has shown that On-Site Data Verification (OSDV) is essential for data quality assurance.

Regular meetings between the PR team, the CCM and representatives of both SRs and SSRs has greatly improved coordination. These types of meetings should also be considered for the purchase of equipment and supplies in close collaboration with the CDC, the Ministry of Health and Medical Education and WHO.

Monitoring and evaluation - an essential instrument to ensure relevance, efficiency and effectiveness - is an integrated part of management for all projects. Consequently, M&E planning should start in the project's early stages. To ensure a strong sense of national ownership and to facilitate the adoption of project achievements into the national system, it is critical that the project's objectives and outputs are in line with national priorities, and that an exit strategy is incorporated into the project's design. This will ensure the pursuit of new initiatives beyond the life of the project.

## Looking ahead

A consistently positive factor for the successful implementation of these projects has been the Iranian Government's full commitment to making a priority of controlling HIV/AIDS, TB and Malaria. During its seven years of partnership with the Global Fund and UNDP, the Islamic Republic of Iran has made some remarkable improvements to its disease control efforts. Iran's exemplary performance is now a model in the broader region and beyond.

Iran will need to continue adapting its response to the changing nature of disease. The modes of transmission for HIV are evolving, while the number of multi-drug resistant TB cases is on the rise, with potentially worrying consequences in the future if they are not managed appropriately. The priority today is to consolidate and deepen gains in Iran's performance drawing on the country's own capacity and the support of new or upcoming Global Fund grants.

